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CONFIRMATION NO. 7326

Bib Data Sheet

SERIAL NUMBER 10/065,486	FILING OR 371(c) DATE 10/23/2002 RULE	CLASS 600	GROUP ART UNIT 3737	ATTORNEY DOCKET NO. 124695
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** CONTINUING DATA ***** *JML*

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 11/04/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WI	SHEETS DRAWING 6	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance				
Verified and Acknowledged	Examiner's Signature <i>JML</i>	Initials			

ADDRESS

23413

TITLE

Retrospective respiratory gating for imaging and treatment

FILING FEE RECEIVED 1136	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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